FOR INSTRUCTIONS, SEE BACK OF FORM  CHECK ONE:  CAMPAIGN DISCLOSURE BD.  This is an initial* Statement of Organization  This is an amended* Statement of Organization  * Statement must be filed within 10 days of committee eccepting contributes for incurring debts exceeding \$750. Amendments must be filed within 30 days of a change.  Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically.  Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.  COMMITTEE NAME   (A candidate's committee must include the candidate's last name in the name of the committee.) If amending committee name, put old name in ( ).  Kathy Somers for Supervisor			
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) Statewide PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Ballot Issue (including committee involved in multiple city/county ballot issues)			
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (mand	atory except for a c	andidate's committee)
Name ↓↓ Kathy Somers	Name J Kathy Somers		
Malling Address + +	Mailing Address 1 1		
Alfantic, IA 50022 Code 1	City State A 50022 Code 1		
Phone (712) 243-5212	Phone (712) 243-5212		
e-Mail kathysomers.atlantic@gmail.com	kathysomers atlantic@gmail.com		
e-Mail   e-Mail   e-Mail     e-Mail			
All Carelleton Fators	County/Local Candidates a		
Office Sought: Cass County Supervisor	County: Cass		
Political Party (if applicable) N/A	(If active in multiple ballot iss	ue elections, attach l	ist of counties
District: 2 Date of Election: 11/8/2011			
Year Standing for Election: 2011  Bank Account Name (must match committee name)	Candidate name & Address or P	arent Entity (PACs.	if applicable).
<del>+ + +</del>		Affiliate, or Sponsor	
Kathy Somers for Supervisor	Kathy Somers		
Name of Financial Institution/type of Account ↓ ↓	Mailing Address ↓ ↓		
Great Western	106 W. 9th St.	State ↓ ↓	Zin ↓ ↓
Mailing Address ↓ ↓ 7th St.		State ↓ ↓	Zip ↓ ↓
City   State   Zip    Zip	Atlantic, IA 50022		
Atlantic, IA 50022	Phone (712) 243-5212		
	e-Mail kathysomers.atlantic	c@gmail.com	
STATEMENT OF AFFIRMATION: By filing this document the committee affirms the following:			
1. The committee and all persons connected with the committee understand that they are subject to the laws in lowa Code chapters 68A and 68B and the administrative rules in Chapter 351 of the lowa Administrative Code.			
2. That towa Code section 68A.402 and rule 351—4.9 require the filing of disclosure reports and that the fallure to file these reports on or before the required due dates subjects the candidate or chairperson (in the case of committees other than a candidate's committee) to the automatic assessment of a civil penalty and the possible imposition of other criminal and civil sanctions.			
3. That lows Code section 68A.405 and rules 351—4.38 through 4.43 require the placement of the words "paid for by" and the name of the committee on all political materials except for those items exempted by statute or rule. A committee that wishes to register a committee name for purposes of using the shorter "paid for by" and does not intend to cross the \$750 filling threshold shall file the Form DR-SFA form in lieu of filling this form.			
4. That lowa Code section 68A.503 and rules 351—4.44 through 4.52 prohibit the receipt of corporate contributions by all committees except for ballot issue PACs.			
5. A candidate and a candidate's committee may only expend campaign funds as permitted by lowa code sections 68A.301 through 68A.303 and rule 351—4.25.			
6. That the committee will continue to file disclosure reports until all activity has ceased, committee funds spent, debts resolved, and a final report and a statement of dissolution (DR/3) has been filed.			
hothy Somers	11-9-	- //	
Signature of Treasurer  **Mathy Signature of Candidate, OR, for all other committees, Chairperson	11-9-	Date Signed  Date Signed	
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